2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Jul 14, 2003 8:00 am Secrétary of State P02000133305 DOCUMENT # 07-14-2003 90164 021 ***150.00 1. Entity Name SHAN-JO, INC. Principal Place of Business Mailing Address 7167 WEST BROWARD BOULEVARD 7167 WEST BROWARD BOULEVARD PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable Country Zip 7in Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - - --Name FREY, J-ANN Street Address (P.O. Box Number is Not Acceptable) 7167 WEST BROWARD BOULEVARD PLANTATION FL 33317 Zip Code 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of re-SIGNATURE applicable ILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VSTD TITLE Delete TITLE Addition FREY, JO-ANN NAME NAME STREET ADDRESS 7167 WEST BROWARD BOULEVARD STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition NAME FREY, LARRY NAME 7167 WEST BROWARD BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PLANTATION FL 33317** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachin

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Machment

4-P02000133305

SHAN-JO INC 7167 W. BROWARD BLVD PLANTATION, FL 33317 954-791-2800

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

_ To whom it may concern:

I just received for the first time notice to pay my filling fees for Shan-Jo Inc. I never got a prior notice. Enclosed is a check for \$150.00 and completed form.

Thank you, Jo-Ann Frey

v.p

registered agent

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